	4 2 4 1 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state UPA-	1. PLACE OF DEATH	(50)
1	1	County Herford	Registration Dist. No. 180
	should of OCC	Village or City Les Es vood	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	~ 00 m	Length of residence in gity or town where death occurred	ds. How long in U.S. if of foreign birth? yrsmos ds.
	CORD. Every PHYSICIANS ict statement-	2. FULL NAME Torrald Engrise (	uduson
	SIC ate	(a) Residence: No.	St., Ward.
		(Usual place of abode)	If nonresident give city or town and State
	RECC. Pr Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	EX.	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH (Monyh) (Day) (Year)
BINDING	X A C T I classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
Z		S DATE OF BIPTH (month day and year)	lest leave h alive on 19 deeth is said
Bl	PE IY ate.	e. DATE Of BIKTH (month, day, and yeer)	to heve occurred on the date steted above, et / 136 Q m.
3	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 deyhrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
FOR	IS A stated proper		were es follows:
_	HIIS be be of	8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	110
E		9. Industry or business in which	Harroung / longin Jan 3:
RESERVED	hould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked et   11. Total time (years)	
SE	N s H u	10. Dete deceased last worked et this occupetion (month and spant in this	
3E		yeer) occupation	Other Contributory Causes of importence:
	IN A P	12. BIRTHPLACE (city or town)	
TIE	ADIN ed. A S, so t	(Stete or country) many lewa	
R	NFADING plied. AGI erms, so that instructions	13. NAME Carl Curdenon	
MARGIN	D H T	13. NAME CLASSICALIST STATE OF THE STATE OF	Name of operation
M	03 =-	(Stele of Country)	What test confirmed diagnosis? Allatene Wes there en autopsy?
4	efull in p	15. MAIDEN NAME GESSIE Carks	23. if death wes due to externel causes (VIOL ENCE) fill in also the following:
	carefully CH in pla ortant.	16. BIRTHPLACE (city or town) J. G	Accident, suicide, or homicide?, 19, 19, 19
	ILY VITI	X (Stete or country)	Where did injury occur? (Specify city or town, county and State)
	should be careful OF DEATH in 18 very important.	17. INFORMANT Cless Holderson	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	F-3 (0	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	F-7 -02	Place Baker's Cemetery Date Miguel 4, 1933	Nature of injury
	-WRITE mation s CAUSE TION is	14 HUDGETAND Howard K Melana	24. Wes disease or injury in any wey releted to occupetion of deceesed?
0. 1	LEGE	19. UNDERTAKER X Tolor gown. McCom	If so, specify
Zi zi	m ( )	20. FILED aug 3 1933 Fred Morlok	(Signed) West John M. D.
>	z	20. FILED AUG 3 , 1933 Aved Marka Registrar.	(Address) Edg-EWVIA
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08129
1. PLACE OF DEATH	92-02
County Saylord	Registration Dist. No. 184
Village or City Describerto	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  isds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME MALLIE A. BOX	
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (verice the word)	21. DATE OF DEATH
funde 11 mil Hidowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That i attended daceasad from
(or) WIFE of Daniel SV. 100	1 June 1 st 19.31 , to any 8, , 19.33
6. DATE OF BIRTH (month, day, and year) Range 8 - 1854	Mast saw head alive on lang & 1923; daath is sai
7. AGE 74 Years Months Days If LESS than	to have occurred on the date stated above, at 11. P. m.
1 day,hrs	mara se follows.
8 Trade profession or particular	arterio arlemaia has per. Date of onest
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.	tyriain Endocastia / 1+
9. Industry or business in which work was done, as SILK MILL House Well	beginning of gangsen
0 10. Date daceased last worked at 11. Total time (years)	off legate of of
this occupation (month and 1934 spent in this 44	
12. BIRTHPLACE (city or town) 15 arstood to MA	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME THE Dame	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mallsa Deathers	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country) Varyona 100 (Md.	Whera did injury occur?
17. INFORMANT 17. 179	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) To Mu / De Leg Shitaton	<u></u>
Place Place Data Data Data Data 1932	Manner of injury
11) A	Natura of injury
19. UNDERTAKER	24. Was disease or Injury In any way related to occupation of daceasad?
(Address) to my - 100000 Della fa	If so, specify
20. FILED COLG 19.33 DI S. DIE Martin	(Signad) M. D. (Address) Cardiff Wil
If more blanks are needed, address State Registrar.	///

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example 11		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	GEP 6 1933	July 5,1927	Peritonitis *	3 days ago	
	RUREAU V. S.				
Other contributory	eauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

should state TITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, B.

V. S. No. 1

(If death occurred in a hospital or institution, aver its NAME intended of storet and number?  15. How long in U. S. If of foreign birth?  16. Ward.  17. Ward.  18. If foreign birth?  18. Ward.  18. If foreign birth?  18. Ward.  18. If moreidant give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  19. Country of the state of shock)  19. Country of the state of the s	1. PLACE OF PEATH	940
Village or City  Ward  Length of rasidence in city') r town where death occurred of the death occurred in a beginst or insidence, give its NAME instead of sucret and numbers  As a place of sucret and numbers  A	County Startford.	Registration Dist. No. 184
2. FULL NAME  (a) Residence: No.  (b) Contribute of abode)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  (A) COLM OX RAY  (B) COLM OX RAY  (COL) OX RAY  (	Village or City	No. St., Ward
(a) Residence: No	Length of rasidence in city or town where death occurred dyrs.	nosds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  A. COLLAND OR RAFE  ORAPOSECTO (somits the wound of the work of the state of the	2. FULL NAME tands F. 190	end
22. I HEREBY CERTIFY. That I attended decessed tron (or) WIFE of  DATE OF BIRTH (month, day, and year)  Landaw hymaliwe on-Hard to have occurred on the date stated above, at I can.  B. Trade, profession, or particular sind of work done, as SPINNAM  SANYER, BONKEPER, etc.  9. Industry or business in which work was done, as SIKK MILL  10. Date Occupation (month and year)  11. Total time (vers)  spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  18. Trade, profession, or particular sind of work one as STIK MILL  19. MAIDEN NAME  10. Date of material at spent in this occupation  Name of operation.  Name of operation.  Name of operation.  Name of operation.  What test confirmed diagnosis? (Lineal Election of injury)  19. Mainter of injury  Nature of injury  Nere did injury occurred in HDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  18. ACL  Nature of injury  Nature of injury in any way related to occupation of deceased? MAI  18. Occupation of the date stated above, at I c. m.  I have a cocurred on the date stated above, at I c. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of mind the part of the date stated above, at I c. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of mind the part of the date stated above, at I c. m.  The PRINCIPAL CAUSE OF DEATH and related causes of im	(a) Residence: No. (Usual place of abode)	
a. I married, wildowed, or diversed wildowed	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1385 to 1985  DATE OF BIRTH (month, day, and year)  Last Months  Day  JI LESS than 1 day, mirs of mind of work done as SF PHUM SAW MILL, BARK, etc.  10 (10) to be decased last worked at year)  10 (10) to be decased last worked at year)  11 (State or country)  12 (State or country)  13 (State or country)  13 (State or country)  14 (State or country)  15 (State or country)  16 (State or country)  17 (NFORMANT (Address)  18 (State or country)  19 (Where did injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE.  19 (State or country)  19 (Where did injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE.  18 (Signed)  19 (Signed)  19 (Signed)  10 (Markers)  10 (Markers)  11 (Signed)  12 (Signed)  13 (Signed)  14 (Signed)  15 (Signed)  16 (Signed)  17 (Signed)  18 (Signed)  18 (Signed)  19 (Signed)  19 (Signed)  19 (Signed)  10 (Signed)  11 (Signed)  12 (Signed)  13 (Signed)  14 (Signed)  15 (Signed)  16 (Signed)  17 (Signed)  18 (Signed)	Hale Style OR HORCED (write the word)	aux 17 1933
DATE OF BIRTH (month, day, and year)  AGE  Years  Monthy  Day  II LESS than 1 day,	HUSBAND of (or) WIFE of Squah (1) Bottal	
1 day,hrs. ofhrs. ofhrs. of		6 I last daw him alive on ruf 17, 1833; death is said
8. Trade, profession, or particular kind of work done, as SPINNA SAWER, BOOKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc.  10. Otalo deceased last worked at this occupation (month and party)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  8. BURIAL, CREMATION OR REMOVAL  Piece  17. Piece  18. Trade, profession, or particular kind of work done as SPINNA  18. Trade, profession, or particular kind of work done, as SPINNA  19. UNDERFAUER (city or town)  (State or country)  What test confirmed diagnosis? (VioLence) fill in also tha tollowing:  Accident, suicide, or homicide? Deta of injury  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of deceased? (Signed)  Manner of injury  Nature of injury in any way related to occupation of deceased? (Signed)  Manner of injury  Nature of injury in any way related to occupation of deceased? (Signed)  Manner of injury  Nature of injury in any way related to occupation of deceased? (Signed)  Manner of injury  (Signed)  Manner of injury in any way related to occupation of deceased? (Signed)  Manner of injury  (Signed)  Manner of injury in any way related to occupation of deceased? (Signed)  Manner of injury  (Signed)  Manner of injury in any way related to occupation of deceased? (Signed)		
SAWYER, BOOKEPER, etc.  9. Industry or business in which work was done, as SPINNER  10. Pate deceased last worked at this occupation (month and year)  10. Pate deceased last worked at this occupation (month and year)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. INFORMANT  19. (State or country)  19. (State or	8 Trade profession or particular	more as follows:
Other Contributory Causes of importance:  Other Contributory Causes of i	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	ay 17/6
2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place  Place	work was done, as SILK MILL, SAW MILL, BANK, etc.	
Other Coutributory Causes of importance:  Other Coutributory Causes of i		
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place (Address)  19. UNDERTANGED TO THE TOWN OF THE TOWN OF THE PLACE (Address)  10. FILED  11. CLARG 18, 19.33  12. CLARG 18  13. NAME  14. BIRTHPLACE (city or town) What test confirmed diagnosis?  15. Was there an autopsy 27  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL (Address)  19. UNDERTANGED 18  10. FILED  10. FILED  11. CLARG 18, 19.33  10. Signed)  12. Clarg 18, 19.33  13. NAME  14. Wes disease or injury in any way related to occupation of deceased?  18. So, specify (Signed)  18. So, specify (Signed)  18. So, specify (Signed)  19. M. E	17. 0	Other Coutributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy 12.  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL, CREMATION OR REMOVAL Place  Place  Place  Place  Place  Place  (Middress)  9. UNDERTAKER OF TOWN OF THEED  Place  (Signed)  (Signed)  Manner of injury in any way related to occupation of deceased?  (Signed)  Manner of		
Was there an autopsy 201.  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  7. INFORMANT  (Address)  BURIAL, CREMATION OR REMOVAL  Place  Place	13. NAME / Paker & Bound	
What test confirmed diagnosis? Was there an autopsy? The state of country of the state of the sta	14 RIPTHPLACE (city or town)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  B. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  UNDERTAKEN  (Address)  Deta of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  124. Wes disease or injury in any way related to occupation of deceased?  (Address)  O. FILED  (Signed)  M. [  (Sig	(State of country)	el lucie
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  BURIAL, CREMATION, OR REMOVAL  Place	15. MAIDEN NAME Juilla formson	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  BURIAL, CREMATION OR REMOVAL  Place  P	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Deta of injury, 19
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  B. BURIAL, CREMATION, OR REMOVAL  Place  Manner of injury  Nature o	(State or country)	
Place Caccory Cupate Cup 20, 19.73. Nature of injury  9. UNDERTAKERS TURE CONTROL OF CON	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
9. UNDERTAKEN TUSCULAR STATE OF THE STATE OF	8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
o. FILED Quig 18, 1933 96 4 S. A. C. Halb (Signed) Trails OF The M. C.	Place Courselly 20, 193	A Nature ot injury
0. FILED aug 18, 1933 96. L. S. D. L. Halb (Signed) Charles (T. Barrow M. E.		24. Wes disease or injury in any way related to occupation of deceased? 200
	0. FILED aug 18, 1933 Do Jo De Challe	The self (house

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		MARWIESE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08131
1. PLACE OF SEATH	(82-0)
County Mufat	Registration Dist. No. 180
Village or City Works	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	des, How long in U. S. t of foreign birth?mosds.
2. FULL NAME Margaret Elegabel	h Joyle
(a) Residence: No. / North / Wd	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Thate well wednesd	(Month) (Day) (Year)
5a. If married, widowed of divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Live 42-1860	Wast saw h W aliva on well 49 1933; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 52m.
72 11 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Currenal Herrevorting aus
SAW MILL, BANK, etc.  10. Date deceased last worked at	
10. Date deceased last worked at this occupation (month and year)	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Marylluol	
13. NAME MULLY Trickers 14. BIRTHPLACE (city or town). Mall falls	
14. BIRTHPLACE (city or fown). May law (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Wargant Northur  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
17. INFORMANT MIGHT MOULD doche (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CHATTON OF REMOVAL 1 Gran 122	Manner of injury
Place LOCK Syr ung Date (1944) 22, 19.35	Nature of injury
19. UNOERTAKER H & Bailey	24. Was disease or injury In any way related to accupation of deceased?
(Address) & arlington, om a	If so, specify (Signed)  M. D.
20. FILEO LUNG 20, 1933 OVER COLONIAN Registrar.	(Address) Edg Eword W

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUEFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For authorization & Change as	TATEMENTS BY PHYSICIAN	1
under Bartley, 10/31/33		

V. S. No. 1

1. PLACE OF DEATH  County County Registration Dist. No. 185	
County/ Variard Registration Dist No. 185	
Willege or also Niley & ed & San a de Wall to the little and	Mond
(If death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town whare death occurredyrsmos	ds.
2. FULL NAME George, Heonard Clust	
(a) Residence: No. 6 14 0 to 20 St., Ward.	
(Usual place of abode)  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR-OR RACE 5. SINGLE MARRIED WIDOWED 21. DATE OF DEATH	
Male thate ORDINORCED (write the word) (119 6	3
5a. If married, widowed, or divorced (Day)	Year)
HUSBAND of Cora May 6 Cleat 22. I HEREBY CERTIFY, That I attended decea	sad from
1 214 1970 - pully 12 1, to ching 6	923
1 013 0	th is sald
7. AGE Years Month's Days If LESS than to have occurred on the date stated above, at 2m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
or sefollows:	ofonset
X. Trade Diffession or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this pecuation from this pecuation from the property of the pecuation from the pecuati	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 1933 11. Total time (years) spant in this occupation (month and 1933	
this occupation (month and cl. 1933) spent in this Orgo occupation	
12. BIRTHPLACE (city or town) D. Hardord Co	
(State or country)	
E 13. NAME WM Clint	
13. NAME UM Clicati  14. BIRTHPLACE (city or town) Date of Dat	
What test confirmed diagnosis? Was there an au'ops:	/?
25. If death was due to external causes (VIOLENCE) fill in also the following:	
	19
where did injury occur? (Specify city or fown county and State)	
17. INFORMANT / NOTOK May Bellet A Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) A Faster de Stande May 19.	
18 RIPLAT (REMATION AR REMAYAL)	
Levaleville Va Cem: Date ing 9 19 3 3 Manner of injury.	
19. UNDERTAKER P. Madison Mitchell 24. Was disease or injury in any way related to occupation of deceased?	
(Address) Harria Grace, Md. If so, specify	1
20. FILED aug. 8, 1933 khules Joley M. S. (Signed) (Signed) (Address) & Stage & Stage & Stage	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	<del>4</del>

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	EID!	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

PHYSI-

	PLACE OF DEATH	STATE OF MARYLAND
	County Harland	CERTIFICATE OF DEATH
		Registration Dist. No. / 62
	Village or City Harfacel Cotto Home Be 2FULL NAME Harry Eve	Cu Ma St: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	Fely 13, 1869  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1933. to Que 13 , 1923, that I lest now have alive on Que 11 , 1923,
	7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at 3 Am. The CADSE OF DEATH * was as follows:  Whome Myorardial Disease
411	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE	Contributory Ch. Publishing Lyperhyphy
	(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or Country)  13 MAIDEN NAME OF MOTHER  OF MOTHER  (State or Country)  (State or Country)	(Signed) (Duration) yrs mos ds,  (Signed) (Signe
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At plece of deethyrsmosds.  Where wes disease contracted,
	(Informant) Clurk Fitzpatrick  (Address) County Home	Former or usual residence
	Filed Lug 13 1933 11, G. T. ch andrew Registrar  If more banks are needed, address tate Registrar	Dear Sortio Bolle med , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Whooping cough; Chronic Chronic interstilial nephrilis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the and consequences (e. g., sepsis, Example: Measles (disease valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08134
1. PLACE OF DEATH	(3)
County Mary 1919	Registration Dist. No.
Village or City White	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
113	losds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Stild Treenla	end
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, Without word)  White OR DIVORCED (write the word)	21. DATE OF DEATH  (North) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	V
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and yeer)	Hast sew hum elive on Rual 0,1939; deeth is sain
7. AGE Years   Months   Deys   If LESS than	to have occurred on the date stated above, et/ 1 2m.
8/ / 1 1 dey,hr	The PRINCIPAL CAUSE OF DEATH and releted ceusos of Importence were es follows:  Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc	Chronic Restricted 3-1-31
work wes done, es SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Smithville	Other Cantributary Causes of Importance:
(State or country)	,
13. NAME Helliam B, Treenland 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stere of country)	What test confirmed diagnosis? Wes there an eutopsy?_hat
15. MAIDEN NAME Cassandra December 16. BIRTHPLACE (city or town) - 277	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT My Glicea a and The Charles	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lingdon Somy Date ling ' 4 , 19)	Nature of injury
19. UNDERTAKER Sensy January House (Address)	24. Wes disease or injury in any way related to occupation of deceased? 24.
20. FILED ang 3, 1993 Ollychu	(Signed) John M. [ (Address) Plans 2 as Next
	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

111

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2x-P) 0813.5
County Harfard	Registration Dist. No. 185
Village or City. Hafre de Grace (H	No. June St., Ward death occurred in a hospite or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos	ds. How logs in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Kobert Haves	
(a) Residence: No Houre de Grace!	Kol Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
Male Colored Of DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attanded daceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) March 9-1933	I last saw hamaliwa on aug / 2 , 1953; daath Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date olonset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  None	Julysuscepho
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data deceased last workad at this occupation (month and	
SAW MILL, BANK, atc	
O 10. Data deceased last worked at this occupation (month and yaar)	
Marina da Ma	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	
# dans de de col	De lealer on ha alund
4 14. BIRTHPLACE (city or town)	Name of operation
	What tast confirmed diagnosis? Was there an autops Des
I The Hander VI. and	23. If death was due to external causes (#IOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Author William (State or country)	Accident, suicide, or homicida? Data of injury, 19
M Relation	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / W WOULD A START MA	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATIONO OR REMOVAL O	Manner of injury
Place Maries an Data ang 19, 193 =	Natura of injury
19. UNDERTAKER J. Madison Mitchell (Address) Faire de Sego mod	24. Was disaasa or injury in any way related to occupation of dacaased?
( 10	If so, specify
20. FILED Clug 19 1933 Charles J. John M. D. Registrar.	(Signad) A.M. D. (Address) A.M. D.
1	2411 N. Charles Street Baltimore Requesting T.) S. No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ALLER TO SERVICE PER SERVICE P	

		TTS BY PHYSICIAN	
	0		
	9		

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08136
1. PLACE OF DEATH	
county Harfing.	Registration Dist. No. 184
Village or City / S. ma	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign blrth?
2. FULL NAME - Hash	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of much overred	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Try 29/33	I last saw h alive on, 19; death Is sald
7. AGE Years Months Days If LESS than day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Borne Lead Date of onest
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Guy Harh,	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cresca Hack,  16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Suyy Han's (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place (Jan Jash Mardenbaie aug 130, 1933.	Manner of injury
19. UNDERTAKER Coast Joast Charlegel	Was disease or Injury In any way related to occupation of deceased?
20. FILED aug. 30, 1933 Jr. L. & Mc Malle Registrar.	(Signed) (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	(fastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH USISS
1. PLACE OF DEATH	92-20
County Hartord	Registration Dist. No. 182
Village or City & hunchallo	No. St. Ward
- (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurredmos.	ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Jaa Ellew.	Helgis
(a) Residence: No. (Usual place of abode)	St., Ward.  ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR WORCED (write than world).	21. DATE OF DEATH (Month) (Dey) . 193 (Year)
5a. If merried, widowad, or diverced HUSBAND of	22.   HEREBY CERTIEX That attended proposed from
(or) WIFE of Clegas Rulgis	1930 to Sleed 17 , 19 33
6. DATE OF BIRTH (month, day, and year) Luly 12-1910	I Jost/saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 40 4 m.
73 1 16 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular a	Date of onset
kind of work done, es SPINALE SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years) this occupation (month and specific property in this companion (month and specific property).	(Jasensalian)
9 Industry or business In which work was done, as SILK MILL.	July of the
work was done, as SILK MILL, SAW MILL, BANK, atc	<u> </u>
O f0. Date daceased last worked at this occupation (month and year)	(
	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) Salatora Co Md	Contrar Talars
E	Julian
4. BIRTHPLACE (city or town) Culffacel	Name of operation.  What test confirmed diagnosis? Organization Was there an autopsy? 4()
15. MAIDEN NAME Jus all Pohieson	23. If death wes due to external causas (VIOLENCE) fill in also that following:
E ON I ON	Accident, sulcide, or homicide? Date of injury 19
State or country)	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT	, , , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
Place M. L. Juou Date J. J. 1993	Nature of injury
19. UNDERPARTED Suberger & Good	24. Was disease or injury in any way releted to occupation of deceased? 10
(Address Benefit, mel.	If so, specify
20. FILED (1819 ) 6 , 19) 3 /1 C ( Mchardson	(Signed) T. M. D.
Registrar.  If more blanks are needed, address State Registrar,	(Address) - A. W. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W 5EP 4 5	À		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

9 77	
L, Gh!	
La contraction of the contractio	

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08138
1. PLACE OF DEATH	
County Harford	Registration Dist. No. 185
Village or City Havre de Grace	No. Anglital St., Ward
CH	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birthe yis. mos ds
2. FULL NAME Heresa Nughes	N. C. A. A.
(a) Residence: No. Part Depart, Mil	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
Temale Colored Hungle.	(Mogh) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I ettended deposed from
(OF) WIFE OF	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 4-1925	I last saw har alive on June 27, 198; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 4 m.
7 8 19 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER, LOUL SAWYER, BOOKKEEPER, etc.	Cembral Hamonhout
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Audunio Albries &
SAW MILL, BANK, etc.	Avadury 1 Line
Shaut in this	Shouly of less len
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Rarefland	
I 13. NAME LINGUIUM	Thaysley 4
14. BIRTHPLACE (city or town) LIN BULLOW	Name of operation Multiple Huther Date of 1217-3
(State or country)	What test confirmed diagnosis? Charles Was there an an opsy? Zyp-
15. MAIDEN NAME Blasselie Heighes	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lost her out of the second o	Accident, sviside, or homicides 2011 11 B Date of injury 19 19
(State or country)	Where did injury occur? Court County
17. INFORMANT Therefore Atigher,	(Specify city or town, county and Stete) Specify whether hijury occurred in INDUSTRY, in FIOME or in PUBLIC PLACE.
(Address) forther says, Md.	Vulley Righway
18. BURIAL CREMATION, OR REMOVAL	Manner of injury County County
Place Date 1900 1900	Neture of injury That was A Athael
19. UNDERTAKER OF THE CONTRACTOR	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Jerryville, Md.	If so, specify A TW
20. FILED Sug. He 19 He Carles & Faley M.D.	(Signed) To Meline M. D.
Registrar.	(Address) Aug OL G Zugo.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	950 6 1933	July 5,1927	Peritonitis	3 days ago
	BUHRAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	
County Harford	Registration Dist. No. 182
Village or City Belan Ind	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth?
0 0 4 0	
2. FULL NAME Barbara &	nee
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY, That I attended deceesed from
(or) WIFE of	Did not aller 10 10
6. DATE OF BIRTH (month, day, end yeer) Jany 28- 1933	I lest saw h aliwe on, 19; death is seid
7. AGE Years Months O Days If LESS then	to heve occurred on the dete stated ebove, at 6
6 15 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:  Date of onset
8. Trede, profession, or particuler kind of work done, as SPINNER,	Mulliown -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed lest worked at this occupation (month and	Probably Thymus (rang)
work wes done, es SILK MILL, SAW MILL, BANK, etc	The Court of motors
10. Dete deceesed lest worked at this occupation (month and spent in this	- Co Stylles of
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Have de Maci	
(State or country)	-
13. NAME  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Date of Date
	What test confirmed diegnosis? Wes there en autopsy? Wes there en autopsy?
E 11.18 . C.	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
O   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. C	Where did injury occur?
17. INFORMANT Mum Louis Joines (Address) Bellen ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Ist Centre Dete Ling 14, 1933	Neture of injury
19. UNDERTAKER Dean Y Jostin	24. Wes disease or injury in any wey releted to occupetion of deceased? Zeso
(Address) Bel Cur	If so, specify
20. FILED aug 13, 1937 E. Richardro	(Signed) M. D.
Registrar.	(Address) Alkelia new

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Evample I

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Likampie 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		155.00	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	. 1 year

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

1. PLACE OF DEATH

	K2 7 ()	death occurred in a hospital or institution,
Length of residence in city or town where	leath occurred Pyrs mos	ds. How long in U.S. if of for
2. FULL NAME HOWA	of Aplice	co Much
(a) Residence: No. ev al	maun	St., Ward.
DEDCONAL AND STATICS	(Usual place of abode)	MEDICAL CED
PERSONAL AND STATIST		MEDICAL CER
3. SEX 4. COLOR ON RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widows, or divorced HUSBAND of (or) WIFE of Other Kerr	medy Mitchel	Ø. I HEREBY C
6. DATE OF BIRTH (month, day, and year)	10, 30,879	I last saw h alive on
7. AGE Years   Months	Oays If LESS then	to have occurred on the date steted ab
53 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH a were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mer	Согоко
9. Industry or business in which work was done, as SILK MILLO	e Canse	000000000000000000000000000000000000000
SAW MILL, BANK, etc	z wirrumg	,
10. Oate deceased last worked this occupation (month and	9 3 Total time (years) 30h	
News 1	Occupation	Dther Cantributary Causes of importar
12. BIRTHPLACE (city or town)  (State or country)	Vision	
1 11 11	milehue.	
13. NAME A Chr. 2.  14. BIRTHPLACE (city or town)	aborden	Name of operation.
(State of country)	mo.	What test confirmed diagnosis?
15. MAIDEN NAME Avad	v Jadd.	23. If deeth wes due to external causes
16. BIRTHPLACE (city or town)	y abordeou	Accident, suicide, or homicide?
(State or country)	100.	Where did injury occur?
17. INFORMANT audio (Address) (Verden	Trigdon	Specify whether injury occurred in IN
18. BURIAL, CREMATION, OR REMOVAL	P	Manner of injury
Place Strove Timely	Oate Carz 1/4 , 1931	Nature of injury
19. UNDERTAKER Service Ta	wing Isons	24. Wes disease or injury in any way r
(Address)	echler ned	if so, specify
20. FILED Clary 14, 1933 (	Marchael	(Signed)
	D. in	(Address)

Registration Dist. No.	<u> </u>
ND. St.,  'death occurred in a hospital or institution, give its NAME instead of street and  ds. How long in U.S. if of foreign birth? yrs. m	
St., Ward.  If nonresident give city or town and	l State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH // (Month) (Day)	, 193 (Year)
1 HEREBY CERTIFY. That I attended	deceased from
, 19, to	, 19
to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
were as follows:	Date of onset
Oran Embolus	
Corokory culture	
,	
Dther Cantributary Causes of importance:	
Name of operation Dete of	
What test confirmed diagnosis? Was there an a	
23. If deeth wes due to external causes (VIOL ENCE) fill in also the following	
Accident, suicide, or homicide? Date of injury	, 19
Where did injury occur?	
(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
Manner of injury	
Nature of injury	7/2
24. Wes disease or injury in any way related to occupation of deceased?	
if so, specify	
(Signed) St. Oulane	C U.D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

cample 1		Example 11		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
erra a anno	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street car	1 week ago	
BUREAU V.	July 5,1927	Peritonitis	3 days ago	
of importance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
	th and related causes ws:	th and related causes Date of onset ws:  1915 1921 July 5,1927  of importance:	th and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:	

1. PLACE OF DEATH		(H)			
County Harfard		-EIWITA-04/	_ Registration D	Dist. No. 185	_
Village or Gitte Havede State  Length of residence In city or town where death occur	rred 76 yrs 6 mo	No.  f death occurred in a hoppital or institution.  ds. How long in U.S. if of f	on, give its NAME foreign birth?	instead of street and	number)
2. FULL NAME Cussell	Murray 1	Mitchell			
(a) Residence: No.6 3 3 Only	ano gual piace of abode)	St.,Ward.	If nonresident s	rive city or town and	d State
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CE			a Otalio
	LE, MARRIED, WIDOWED,	21. DATE OF DEATH	MG (Month)	8	, 193 3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret  6. DATE OF BIRTH (month, day, end year) Feb. 2	Utchell 1907	22 I HEREBY	1	(Day)  7. That I attended  1. The strenged  1. The streng	1933
7. AGE Years Months 6	lays If LESS than I day,hrs.	to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH were as follows:		s of Importance	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc  9. Industry or business in which work wos done, es SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and the state of the state o	1. Total time (years) spent in this	Port to Can	conti	lis notes	god 1 th
12. BIRTHPLACE (city or town) (State or country)	spent in this 8 yrs	Other Contributory Causes of imports	ance:	hazv	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  MARGINARY	& Mitchell	Name of operetionWhat test confirmed diagnosis.	ilofa	Date of	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)  17. INFDRMANT  (Address)  18. MAIDEN NAME  (MAIDEN NAME	Smitchell Mitchell	23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur? Specify whether Injury occurred in II	(Specify city or to	ate of Injury	, 19
18. BURIAL, CREMATION, OR REMOVAL Place ALL GOVERNMENT OF THE PROPERTY OF THE	aug 10, 1933	Manner of injury Nature of injury			
19. UNDERTAKER And Madison (Address) Lavu du Dru	Michell	24. Was disease or injury in eny way  If so, specify	related to occupat	ion of deceased?4	ao
20. FILED aug 10 , 1933 Charles &	Toley No. Registrar.	(Signed) TW.	Ven	~	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

THER STATEMENT	S BY PHYSICIAN	

BINDING	
FOR	
RESERVED	
MARGIN	

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
	f in	d si	COL		
V	o ma	houl	00		
1	y ite	200	t of		
	Ever	IAN	men		
	2D. ]	YSIC	state		
	COI	PH	act		
	r RE	Y.	Ex		
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	IAN	AC	assif		
	ERN	EX	cla	e.	
	A P	peq	perly	ificat	
	IS	stat	pro	certi	
	HIS	be	be .	jo :	
	L	pluo	may	TION is very important. See instructions on back of certificate.	
	K	E sh	it it	no	
	SNU	AG	the	lions	
	AD	ed.	1S, St	truci	
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	B.				
	Z				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08144
1. PLACE OF DEATH	<u> </u>
County Harford	Registration Dist, No. 182
Village or City Bel and	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  i. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Stillborn Monks	3
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIO OWED.	MEDICAL CERTIFICATE OF DEATH
Ferrale 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I ettended decessed from
(or) WIFE of	who birth 19 lessay, 18
6. DATE OF BIRTH (month, day, end year) aug. 18, 1933	I lest saw h elive on, 19; death is seid
7. AGE Yeers Months Days If LESS then	to heve occurred on the date stated above, at Z.Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER,	Still
SAWYER, BOOKKEEPER, atc.	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, abc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Data deceesed last worked at this occupation (month and year) occupetion	
12. BIRTHPLACE (city or town) Bel ais mil	Other Contributory Causes of importance:
13. NAME Thomas lineber Marks.  14. BIRTHPLACE (city or town) Harford Sea Mid.	Name of operation Oate of
(Steta or country)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Reba Esther Cox	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Rela Esthar Cox  16. BIRTHPLACE (city or town) Ma Carolina  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Floring a Monka (Address) B. O. M. M.	(Specify city or lown, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL COMPLETE	Manner of injury
Place Tharan Captest Data Clug 18, 1933	Nature of injury
19. UNDERTAKER Thomas archer Mobiles (Address) Bel air mobiles	24. Was disease or Injury in any way releted to occupation of deceased?
20. FILEO aug. 18 , 1933 Disginia Chambers	(Signed) A. E. Mistham M. O.  (Address) Can All Mal

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Example I		Example II		
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SET Y	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	2417	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	0.1000	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impo	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08145
1. PLACE OF DEATH	(23)
County Hertord	Registration Dist. No. 180
Village or City Village B. Stran	No. St., Ward
Village of City. (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosmosds.
2. FULL NAME Mark Chave M	undery
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH
Thuck et married	(Month) (Day) (Year)
5a. If married, widowed, or diverged HUSBAND of	22. A   HEREBY CERTIFY That   ettended deceesed from
(or) WIFE of Hundrey	July 27 1933 to aug 9 19,33
OAN5-1919	1 lest saw h 22 alive on lang 8 1933; death is said
6. DATE OF BIRTH (month, day, end year)  7. AGE Years, Months Deys If LESS than	to have occurred on the dete stated above, at 5/10 Cm.
1 4 3 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or parlicular	were es follows:
8. Trede, profession, or parlicular kind of work done as SPINNER, I tolsewife.	
9. Industry or business in which	white any futilents
kind of work done, as SPINNER, TOUSE LEVELY SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (month and	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME HU CONTINUE OF TOWN) - Mary land	
14. BIRTHPLACE (city or town) - Aland	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy? A
15. MAIDEN NAME Pulled Dilly	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Pellen Brilly  16. BIRTHPLACE (city or town) Many (State or equiply)	Accident, suicide, or homicide? Date of injury, 19
(State or spunicy)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AU CERTURE WE (Address)	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLACE.
AC PURIAL OPENATION OF REMOVAL	Menner of Injury
Place John WEsly Date ary 13,1933	- Nature of Injury
Averand K maloma	24. Was disease or Injury in any way releted to coupation of deceased?
19. UNDERTAKER (Address) Cib 9 Clon Incl	If so, specify
( 211 23 Feet 16 16 6.	(Signed) Weeky WM M. D.
20. FILED 911, 19.3 SWELL Showed Registrar.	(Address) Log Flored Wol
If more blanks are needed, address State Registrar	, 24.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:	
Arteriosclerosis	1915		eek ago
Chronic interstitial nephritis	1921	Run over by street car	eek ago
Cerebral hemorrhage	July 5,1927	Peritonitis Dal	ays ago
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis 1	year

S. No.

(Year)

death is said

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08147
1. PLACE OF DEATH	95-2
County Hayford	Registration Dist. No. 183
Village or City (1809) and	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. i1 of foreign birth?yrsmos,ds.
2. FULL NAME of puls Ramb	ou
(a) Residence: No. Olocks Ond (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. 11 married, widowed, or divorced HUSBANO of (or) WIFE of Clara Rambolf	22. I HEREBY CERTIFY. Thet I attended deceased from any 1 1933, to any 1 1933
6. DATE OF BIRTH (month, day, and yeer) 185-6-	I last saw h Annalive on any 1, 1933; deeth is said
7. AGE Yeers Months Oays If LESS then 1 dey,hrs.	to have occurred on the dete steted bove, atm.
8. Trede, profession, or perticular kind of work done, as SPINNER, Wall Aggle SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Deta deceseed lest worked et this occupation (month end 4, 8, 2)  11. Totel time (yeers) spent In this	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es lollous:  Date of onset  Date of onset
12. BIRTHPLACE (city or town) (Steta or country)	Other Coutributory Causes of importence:
13, NAME I a Rambou	
13. NAME Ja Rambout  14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Oete of What test confirmed diagnosis? Sumary Was there en eutopsy?
15. MAIDEN NAME SON SMOOLE  16. BIRTHPLACE (city or town) Son Smoole  (State or country)	23. If deeth wes dua to external ceuses (VIOLENCE) fill in also the 10llowing:  Accident, suicide, or homicide?, 19, 19
17. INFORMANT Mayy Walson, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Locks em Date aug 4, 19.33	Menner of injury
19. UNDERTAKER KUSK TION (Address) Jarretteville Md	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Steel 4. 1933 Momes P Brown Registrar.	(Signed) (Address) A D ON A M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH County Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred ds. CORD. Every statement 2. FULL NAME Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) mu 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 860 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Yaars Months Days If LESS than to have occurred on the date stated above, at, 1 day, ....hrs. 3 The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, JO. SAWYER, BOOKKEEPER, etc ... back may . Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc. on 10. Data deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation \_. instructions 12. BIRTHPLACE (city or town Zno (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city of plain (State or country) What test confirmed diagnosis? Wil nary Quake Ston autopsy carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ \_ Date of injury. DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?.. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE Nature of injury LION 24. Was diseasa or injury in any way related to occupation of 19. UNDERTAKER mic (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

Gallstones

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

1 year

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance:

Gastroenteritis

May 1.1923

TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. N. B.-WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	
	(46)
County Harford	Registration Dist. No. 192
Village Dr City	Np. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Dangel a Khoder	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy alhords	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) faces 15-1870	Hast saw him alive on auf LOD 1933 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
63 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPHNNER, SAWYER, BDDKKEEPER, etc.	ware as follows:  Date of Storman pres
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Luchus Co- (Stata or country)	Other Contributory Causes of importence:
13. NAME W 3 Rhoder	
14. BtRTHPLACE (city or town) White (Stata or country) 2. 6	Nama of operation Date of What test confirmed diagnosis? Lineal Supressas there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
(Address) Sheren mur	Spacify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ecution Date Quy 21, 19:3	Manner of injury
19. UNDERTAKER Segue Y Joslan (Address) Rich and man	24. Was disease or injury in any way related to occupation of deceased? ***  If so, specify
20. FILED aug 21, 1933 H. E. Richardson Registrar.	(Signed) Charles My barroys M. D.  (Address) Street Po gand.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Korford	Registration Dist. No. / 6
Village or City Thean Murales	No. St., War
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs,
2. FULL NAME Sommel archi	in Ricken
(a) Residence: New alonder	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DEFORMED, WIDOWED, OR DEFORMED (agrice the word)  5a. If married, widowed, or divarced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND OF STELLER Elizabeth Mil	Chull I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Jan 19, 1878	I last saw h; death is sai
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.
a a or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER CAPTURES SAWYER, BOOKKEEPER, etc.	Cariffill of st
9. Industry or business in which work was done, as SILK MARCHANGE TO STATE OF THE S	oce en con contract
9. Industry or business in which work was done, as SILK Mathematical SAW MILL, BANK, etc	ten lonce
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAMBANIC WILL THE STATE OF	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
The hate	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  19
2 16. BIRTHPLACE (city or town)	Where did Injury occur? Where did Injury occur?
17. INFORMANT Julian 7 Mitchell (Address) Stander Male	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Lorud Cey Oull
Place Splankia Camely Date Ling: 9 , 1933	Nature of injury addomin Ripped Open
19. UNDERTAKER Genry Janing Jons	24. Was disease or Injury in any way related to occupation of deceased. 470
20. FILED 8 8 , 1953-6 C. Michael Registrar.	(Signed) ALCHNERUS M. (Address) Perry Trades
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

L PLACE OF DEATH / //	
County Hartons 2	Pagistration Dist No. / (3)
11. +8 A he	Registration Dist. No. / 8 3
Village or City  Length of residence in city or town where death occurred 50 yrs.	ND. St., Wa  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mgs. ds. How long in U.S. if of foreign birth? yrs. mos.
0 - 00 -	Pera
(1) (2) +0 10	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (wyice) e word	
If married, widowed, or divorced HUSBAND of (or) WIFE of Clery and Stury Stury See	22. I HEREBY CERTIFY. That I attended deceased fr
0 11/2 12/3	100, to 000, 195
DATE OF BIRTH (month, day, and year) Sept. 10 1852  AGE Years Months Days If LESS tha	Mast saw h aliwe on least is s
1 day	to more determined on the date stated above, at
8/ // // ormin.	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, **SAWYER, BODKKEEPER, etc**	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Anniemyreardets 27
1D. Date deceased last worked at 11. Total time (years)	A
this occupation (month and spent in this year)	/
BIRTHPLACE (city or town) Hayford Co mad (State or country)	Other Contributory Causes of importance:
13, NAME marches Stergel	
14. BIRTHPLACE (city or town) — Quantaged	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Clinical Was there an eutopsy?
15. MAIDEN NAME Mary Kerisk	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) genary	Accident, suicide, or homicide? Date of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
INFORMANT Alleander Skuder (Address) Falleton Jud	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Joodhull Date Cliff 29,19	Nature of injury
UNDERTAKER ELACUTA Hora (Address) Janetta will Such	24. Was disease or injury in any way related to occupation of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	det i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1000			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08152
1. PLACE OF DEATH	930
County Thatford	Registration Dist. No. / O
Village or City Jorest. Hell	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos.	ds. How long In U.S. Mof foreign birth? yrs mos ds.
2. FULL NAME toanna T. X	herman
(a) Residence: ND	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Genale While or Harries	$\frac{23}{\text{(Month)}} = \frac{3}{3}$
5a. tf married, widowed, or divorced HUSBAND of (or) WIFE of LLO . Sherman.	22. OU HEREBY CERTIFY That I attended deceased from 23 1933 to 24 23 1933
6. DATE OF BIRTH (month, day, and year) Hay 11-1870	t lest saw h
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atni.
63. 6. 12 ldey, hrs.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER Jause Nife SAWYER, BDDKKEPER, etc.	Um Myocardial Disease
9. Industry or business in which	(Cappo Ocaph)
work was done, as SILK MILL, SAW MILL, BANK, etc	Coolean Cortex)
11. Total time (years) this occupetion (month end spent in this	
yeer) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) U	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an eutopsy?
16. BIRTHPLACE (city or town) Color (No. 1) (State or county)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) Och Cor Carlotte (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT HV. Seo Suerman.	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, OREMATION OF REMOVAL Place 11. Drove Cerripal lug 76, 1933	Manner of injury
no less. Vines.	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTACED LITTLE (Applied)	If so, specify
20. FILED ang 241933 ME Richardson Registrat.	(Signed) Wellow J. Audson M. B. (Address) LITIAL Hely mid
If more blanks are needed address State Penistran	CASE N. Charles Street Bellinson Brown T. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Oah and the same of the same o	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STA	TEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE	FOR	FURTHER	STA	TEMENTS	BY	PHYSICIAL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Hunford	Registration Dist. No. 182
Village or City Hackory	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME alma alice St.	ent
(a) Residence: No. Atroham	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED write the word)  William Or DIVORCED write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. LHEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTII (month, day, and year) July 10 - 1859	I last saw her aliva on Quy 14 7, 1933; daeth is said
7. AGE Years Months Days If LESS than	to have occurred on tha data statad abov at 8_Am.
74   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	•
Industry or business in which	Chronic myocardiles
work wes dona, as SILK MILL, SAW MILL, BANK, atc	
11. Total time (yeers) spent in this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Floy of Ex (Stata er country) Va.	Othar Centributery Causes of Importence:
13. NAME Madeson Howard	
13. NAME Madison Howard  14. BIRTHPLACE (city or town) 7 Loyal Ev	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Cinche Howard	23. If daath was dua to axtarnal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Circle Howard  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicida, or homicide? Data of injury 19
One P . A All	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs Bessie X. Ohomfron (Addrass) Bel an ma	Spacify whathar injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MIT Zion Date Que 18, 1933	Menner of injury
Place Man Date 1993	Natura of injury
19. UNDERTAKER Deany tostion (Address) Belan ma	24. Was disease or Injury in any way related to occupetion of deceesed?
20. FILED aug 17, 1933 1. E. Richards on Registrar.	(Signad) The Samuel M. D.  (Address) Sarlyley Level
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting 9) 5

Fuday.

130

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Harfacel	GT CERTIFICATE OF DEATH
	Registration Dist. No. 182
Village or City Belan Motho. 2FULL NAME William Hem	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME in steed of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  25 , 186/ (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1933. to aug 7, 1933 that I last saw homealive on aug 4, 1933
yrs. mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	Generalzed arthis-Schrosio
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrsde
9 BIRTHPLACE (State or country) Richmond Va	Contributory Secondary  (Durstion) 1 yrs mos de
10 NAME OF FATHER Unfum	(Signed) Willard B. Aulsgy M. D. Que & 1983 (Address) Forest Kill, ml
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)	*State the Iliscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds
(Informant) Webster D. Thomas	Where wes disease contracted, if not at plece of death?
(Address) 1229 Mades on Que	Osbury DATE OF BURIAL OR REMOVAL DATE OF BURIAL Que 10, 1933
Filed 8-9 1932 V. C. Chambers Registras	Dean & John Bellin Md
If more banks are needed, addre, a tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) er," etc., without more process. Todal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," ("Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; " "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 18155
1. PLACE OF DEATH	(122-0)
County Harfard	Registration Dist. No. 185
Village or City Augre de Grace	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Lovretta Whitfie	ed
(a) Residence: No. Have de Srace Ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Colored Married	21. DATE OF DEATH GUST 16 (Par) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Alexander Whitfield	22. A HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March //20-1870	I last saw Ow alive on aug 16 7, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
63 4 /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trade, profession, or particular kind of work done, as SPINNER. Hawife SAWYER, BOOKKEEPER, etc.	Thaugulated Ventral Hernie 8-193.
Industry or business in which	
Modustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:
(State or country) Marifact	7.1.0
13. NAME Zacharigh Brown	1912
14. BIRTHPLACE (city or town)	Name of operation taparatory for reduction of 8-15-33
(State of country) / Naryland	What test confirmed diagnosis? Was there an autopsy? The
15. MAIDEN NAME ALLE While	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Marifland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Alfrance Whitfield, (Address) Faire and Tribe mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL  Place Date January Porce Date Track 1 8 19 33.	Manner of Injury
(D) , 1- A	Nature of Injury
19. UNDERTAKER (Address) Jours de Succe, mor	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Creek 17, 133 Baseles & Faley, Tad	(Signed) laule L. Karvarell, D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) - 3 & Ut. Class Of.
Control of the contro	-7 Common one , Neguentag U. J. 140. I.

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